

Supplement B, U Nonimmigrant Status Certification

USCIS Form I-918

Department of Homeland Security

U.S. Citizenship and Immigration Services

OMB No. 1615-0104 Expires 04/30/2021

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> 5	START HERE - Type or print in black or blue ink.					
Par	t 1. Victim Information	Name	e of Head of Certifying Agency			
1.	Alien Registration Number (A-Number) (if any)	4.a.	Family Name (Last Name)			
	► A-	4.b.	·			
2.a.	Family Name (Last Name)	4.c.	Middle Name			
2.b.	Given Name (First Name)	100	ncy Address			
2.c.	Middle Name	Age 5.a.	Street Number			
Othe	r Names Used (Include maiden names, nicknames, and	5.a.	and Name			
	es, if applicable.)	5.b.	Apt. Ste. Flr.			
-	u need extra space to provide additional names, use the provided in Part 7. Additional Information .	5.c.	City or Town			
3.a.	Family Name (Last Name)	5.d.	State 5.f. ZIP Code			
3.b.	Given Name (First Name)	5.g.	Province			
3.c.	Middle Name	5.h.	Postal Code			
4.	Date of Birth (mm/dd/yyyy)	5.i.	Country			
5.	Gender Male Female					
		Other Agency Information				
Par	t 2. Agency Information	6.	Agency Type			
1.	Name of Certifying Agency		Federal State Local			
		7.	Case Status			
Name of Certifying Official			On-going Completed			
2.a.	Family Name (Last Name)		Other			
2.b.	Given Name (First Name)	8.	Certifying Agency Category Judge Law Enforcement Prosecutor			
2.c.	Middle Name		Other Law Enforcement Prosecutor			
3.	Title and Division/Office of Certifying Official	9.	Case Number			
J.	The and Division office of Certifying Official	<i>)</i> .	Cuse Humber			
		10.	FBI Number or SID Number (if applicable)			

Par	rt 3. Criminal Acts		4.a.	Did the criminal activity occur in the United States (including Indian country and military installations) or the				
	ou need extra space to compided in Part 7. Additional	lete this section, use the space Information .		territories or possessions of the United States?				
1.	The petitioner is a victim of criminal activity involving a violation of one of the following Federal, state, or local criminal offenses (or any similar activity). (Select all applicable boxes)		4.b.	If you answered "Yes," where did the criminal activity occur?				
	Abduction	Manslaughter						
	Abusive Sexual Cont	act Murder	5.a.	Did the criminal activity violate a Federal extraterritorial				
	Attempt to Commit Any of the Named Crimes	Obstruction of Justice		jurisdiction statute?				
		Peonage	5.b.	If you answered "Yes," provide the statutory citation				
		Perjury		providing the authority for extraterritorial jurisdiction.				
	Being Held Hostage	Prostitution						
	Blackmail	☐ Rana						
	Conspiracy to Commit Any of the Named Crimes	Sexual Assault	6.	Briefly describe the criminal activity being investigated				
		Sexual Exploitation		and/or prosecuted and the involvement of the petitioner named in Part 1. Attach copies of all relevant reports and				
	Domestic Violence	Slave Trade		findings.				
	Extortion	Solicitation to						
	False Imprisonment	Commit Any of the						
	Felonious Assault	Named Crimes						
	Female Genital Mutilation	Stalking						
		Torture						
	Fraud in Foreign Lab Contracting	Trafficking						
	Incest	Unlawful Criminal Restraint						
	Involuntary Servitude	c						
	Kidnapping	Witness Tampering						
D	: do abo dosco o o obiob abo o							
	ride the dates on which the c	eriminal activity occurred.						
2.a.	Date (mm/dd/yyyy)							
2.b.	Date (mm/dd/yyyy)		7.	Provide a description of any known or documented injuto the victim. Attach copies of all relevant reports and				
2.c.	Date (mm/dd/yyyy)			findings.				
2.d.	Date (mm/dd/yyyy)							
3.		s for the criminal activity being d, or that was investigated or						

Pa	rt 4. Helpfulness Of The Victim	4.	Other. Include any additional information you would like to provide.
age,	the following questions, if the victim is under 16 years of incompetent or incapacitated, then a parent, guardian, or friend may act on behalf of the victim.		to provide.
1.	Does the victim possess information concerning the criminal activity listed in Part 3. ? Yes No		
2.	Has the victim been helpful, is the victim being helpful, or is the victim likely to be helpful in the investigation or prosecution of the criminal activity detailed above? Yes No		
3.	Since the initiation of cooperation, has the victim refused or failed to provide assistance reasonably requested in the investigation or prosecution of the criminal activity detailed above? Yes No		
	If you answer "Yes" to Item Numbers 1 3. , provide an explanation in the space below. If you need extra space to complete this section, use the space provided in Part 7. Additional Information .		
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Part 5. Family Members Culpable In Criminal Activity

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1.	Are any of the victim's family members culpable or believed to be culpable in the criminal activity of which the petitioner is a victim? Yes No							
	If you answered "Yes," list the family members and their criminal involvement. (If you need extra space to complete this section, use the space provided in Part 7. Additional Information .)							
2.a.	Family Name (Last Name)							
2.b.	Given Name (First Name)							
2.c.	Middle Name							
2.d.	Relationship							
2.e.	Involvement							
3.a.	Family Name (Last Name)							
3.b.	Given Name (First Name)							
3.c.	Middle Name							
3.d.	Relationship							
3.e.	Involvement							
l.a.	Family Name (Last Name)							
1.b.	Given Name (First Name)							
1.c.	Middle Name							
1.d.	Relationship							
1. e.	Involvement							

Part 6. Certification

I am the head of the agency listed in **Part 2.** or I am the person in the agency who was specifically designated by the head of the agency to issue a U Nonimmigrant Status Certification on behalf of the agency. Based upon investigation of the facts, I certify, under penalty of perjury, that the individual identified in **Part 1.** is or was a victim of one or more of the crimes listed in **Part 3.** I certify that the above information is complete, true, and correct to the best of my knowledge, and that I have made and will make no promises regarding the above victim's ability to obtain a visa from U.S. Citizenship and Immigration Services (USCIS), based upon this certification. I further certify that if the victim unreasonably refuses to assist in the investigation or prosecution of the qualifying criminal activity of which he or she is a victim, I will notify USCIS.

she is a victim, I will notify USCIS.				
1.	Signature of Certifying Official (sign in ink)			
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2.	Date of Signature (mm/dd/yyyy)			
3.	Daytime Telephone Number			
4.	Fax Number			

Par	rt 7. Additional Information	5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
supp pape the A of ea Item each may	ou need extra space to complete any item within this blement, use the space below or attach a separate sheet of er; type or print the agency's name, petitioner's name, and Alien Registration Number (A-Number) (if any) at the top ach sheet; indicate the Page Number, Part Number , and n Number to which your answer refers; and sign and date sheet. If you need more space than what is provided, you also make copies of this page to complete and file with this blement. Agency Name	5.d.					
Pet	itioner's Name						
2.a.	Family Name						
2.b.	(Last Name) Given Name (First Name)						
2.c.	Middle Name						
3.	A-Number (if any) ► A-		Page Number	6.b.	Part Number	6.c.	Item Number
4.a.	Page Number 4.b. Part Number 4.c. Item Number						
		6.d.					
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